



South Carolina Department of Health  
and Environmental Control

Division of Procurement Services

Amendment #1

Solicitation No.: RFP.38037-05/11/10-MAR

Date Issued: April 21, 2010

Procurement Officer: Michelle Robinson *MR*

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**DESCRIPTION:** Establish a source or sources to provide education and outreach services to racial and ethnic minority individuals who are living with HIV/AIDS focused on increasing access to Ryan White CARE Act Part B AIDS Drug Assistance Program (ADAP) or other prescription drug programs.

**USING GOVERNMENTAL UNIT:** South Carolina Department of Health and Environmental Control

*The Term "Offer" Means Your "Bid" or "Proposal". Your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.*

**SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:**

**MAILING ADDRESS:**

SC DHEC – Division of Procurement Services  
Bureau of Business Management  
2600 Bull Street  
Columbia, S.C. 29201

**PHYSICAL ADDRESS:**

SC DHEC – Division of Procurement Services  
Bureau of Business Management  
2600 Bull Street, Room 1200 – Aycock Bldg.  
Columbia, S.C. 29201

**SUBMIT OFFER BY** May 11, 2010 at 2:30 PM

(See "Deadline For Submission Of Offer" provision)

**QUESTIONS MUST BE RECEIVED BY:** April 30, 2010 at 5:00 PM

(See "Questions From Offerors" provision)

**NUMBER OF COPIES TO BE SUBMITTED:** One Original and Five (5) Copies marked as "Copy"

<b>CONFERENCE TYPE:</b> N/A <b>DATE &amp; TIME:</b> (As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)	<b>LOCATION:</b> N/A
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<b>AWARD &amp; AMENDMENTS</b>	Award will be posted on <b>May 21, 2010</b> . The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <a href="http://www.scdhec.net/procurement">http://www.scdhec.net/procurement</a>
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.  
(See "Signing Your Offer" and "Electronic Signature" provisions.)

<b>NAME OF OFFEROR</b> (full legal name of business submitting the offer)		Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.
<b>AUTHORIZED SIGNATURE</b> (Person must be authorized to submit binding offer to contract on behalf of Offeror.)		<b>TAXPAYER IDENTIFICATION NO.</b> (See "Taxpayer Identification Number" provision)
<b>TITLE</b> (business title of person signing above)		<b>STATE VENDOR NO.</b> (Register to Obtain S.C. Vendor No. at <a href="http://www.procurement.sc.gov">www.procurement.sc.gov</a> )
<b>PRINTED NAME</b> (printed name of person signing above)	<b>DATE SIGNED</b>	<b>STATE OF INCORPORATION</b> (If you are a corporation, identify the state of incorporation.)

**OFFEROR'S TYPE OF ENTITY:** (Check one)

(See "Signing Your Offer" provision.)

☐ Sole Proprietorship

☐ Partnership

☐ Other

☐ Corporate entity (not tax-exempt)

☐ Corporation (tax-exempt)

☐ Government entity (federal, state, or local)

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**(Return Page Two with Your Offer)**

<b>HOME OFFICE ADDRESS</b> (Address for offeror's home office / principal place of business)	<b>NOTICE ADDRESS</b> (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)
	Area Code - Number      Extension      Facsimile
	E-mail Address

<b>PAYMENT ADDRESS</b> (Address to which payments will be sent.) (See "Payment" clause)	<b>ORDER ADDRESS</b> (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address <b>(check only one)</b>	<input type="checkbox"/> Office Address same as Home Office Address <input type="checkbox"/> Office Address same as Notice Address <b>(check only one)</b>

**ACKNOWLEDGMENT OF AMENDMENTS**

Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

<b>DISCOUNT FOR PROMPT PAYMENT</b> (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)
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**PREFERENCES – A NOTICE TO VENDORS (SEP. 2009):** On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at [www.procurement.sc.gov/preferences](http://www.procurement.sc.gov/preferences). ***ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAAVE CHANGED. IF YOU REQUEST A PREFERENCE, YYOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREEERNC E CAN HAVE SEROUS CONSEQUENCES.*** [11-35-1524(E)(4)&(6)]

**PREFERENCES – ADDRESS AND PHONE OF IN-STATE OFFICE:** Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)7(ii) or the Resident Contractor Preference (11-35-1524(C)(1)(iii). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

☐ In-State Office Address same as Home Office Address     
 ☐ In-state Office Address same as Notice Address  
**(check only one)**

## **Amendment Number One**

Acknowledgement receipt of this amendment prior to date and time specified in the solicitation, or as amended, by one of the following methods: (A) by signing and returning one copy of this amendment with your bid; (B) by acknowledging receipt of the amendment on each copy of the offer submitted or (C) by separate letter or telegram which includes a reference to the solicitation and amendment number(s). Failure of your acknowledgement to be received at the issuing office prior to date and time specified may result in rejection of your offer. If, by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or telegram, provided such letter or telegram makes a reference to the solicitation and this amendment and is received prior to date and time specified.

**The solicitation is amended as follows:**

### **VIII. BIDDING SCHEDULE / PRICE PROPOSAL**

**SECTION NOT APPLICABLE – INTENTIONALLY OMITTED**

#### **PRICE PROPOSAL (JAN 2006)**

Notwithstanding any other instructions herein, you shall submit the following price information as a separate document: **Cost to Establish a source or sources to provide education and outreach services to racial and ethnic minority individuals who are living with HIV/AIDS focused on increasing access to Ryan White CARE Act Part B AIDS Drug Assistance Program (ADAP) or other prescription drug programs.**